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**TRANSMITTAL  
FORM***(to be used for all correspondence after initial filing)*

Application Number	10/830,208	
Filing Date	4/22/2004	
First Named Inventor	Todd A. Leonhardt et al.	
Art Unit		
Examiner Name		
Total Number of Pages in This Submission		
	Attorney Docket Number	RHE-15250

Total Number of Pages in This Submission

Attorney Docket Number

RHE-15250

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
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Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Randolph E. Digges, III Rankin, Hill, Porter & Clark LLP
Signature	
Date	May 24, 2004

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Cheri Michel		
Signature		Date	5/24/2004

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MAY 27 2004.

PTO/SB/08b (08-03)

Approved for use through 06/30/2006. OMB 0651-0031

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## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

*(Use as many sheets as necessary)*

Sheet

of

**Complete if Known**

**Application Number** 10/830,208

**Filing Date** 10/09/2008

### Ring Date

***First Named Inve***

## Art Unit

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### Example

*Examiner Name*

**Attorney Docket Number** **RHE - 15250**

## NON-PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

**Applicant's unique claim designation number (optional). -** Applicant is to place a check mark here if English language translation is attached.  
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